

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  01/04/2011
NAME OF PROVIDER OR SUPPLIER  BEECH TREE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 240 HOSPITAL LANE, PO BOX 300 JELICO, TN 37762		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  42 CFR 483.70(a) K3 BUILDING: 1-story Type V(111), unprotected, combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1992 K7 SURVEY UNDER: 2000 EXISTING K8 110-bed SNF/NF	K 000			
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on record review, the facility failed to assure a full flow dry system trip test was conducted every three years. (NFPA 25, 9-4.4.2.2.1)  The findings include:  Record review of the sprinkler system reports and tags from 10-21-2010, 7-14-10, 4-2-10, with the Maintenance Director on January 4, 2011 revealed the last three-year dry system trip test was conducted on 8-12-2009, however No data was recorded to indicate it was a full flow test.	K 062	K 062 A full flow trip test was conducted on August 7, 2008 (See Attached). The sprinkler system company was immediately contacted and they were not able to confirm that a full flow dry system trip test had been conducted. The facility has determined that all residents in the facility have the potential to be affected. Due to freezing weather the sprinkler company is unable to safely complete verification of the full flow dry system trip test at this time. It is anticipated that this verification will be conducted by April 30, 2011. The Administrator and Maintenance Supervisor have flagged their records to ensure the test is conducted at the proper intervals. The test valve has also been flagged to make sprinkler company technicians aware that a full flow dry system trip test must be completed every three years. Results of the full flow dry system trip test will be reported in the monthly Quality Assurance Committee Meeting.	2/1/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Charles W. Wheeler, NHA*

TITLE

*Administrator*

(X6) DATE

*1-27-2011*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.